



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

Center for Medicaid and State Operations
Family and Children's Health Programs Group
7500 Security Boulevard
Baltimore, MD 21244-1850

APR 5 2001

Ms. Carolyn Ferrell, Director,
Department of Community Health
Division of Medical Assistance
2 Peachtree Street, N.W.
Atlanta, GA 30303-3159

Dear Ms. Ferrell:

Thank you for your proposal, dated January 31, 2001 and February 6, 2001 for an amendment to **your** State Children's Health Insurance Program under Title XXI of the Social Security Act. **As** you are aware, your amendment has been undergoing review by the Department of Health and Human Services. In order to proceed with **our** review, however, we require additional information. The enclosure explains more fully the areas that require additional information and clarification. We have previously sent you these questions informally but because we have not received your response, we must now formally request additional information.

Under Section 2106(c) of the Social Security Act, HCFA must approve, disapprove, or request additional information on a proposed Title XXI State Plan within ninety days. This letter constitutes our notification that specified additional information is needed in order to fully assess your plan. The 90-day review period **has** been stopped by this request and will resume as soon **as** a substantive response to all of the enclosed questions is received. The members of the review team would be happy to answer any questions you may have in regard to this letter and to assist your staff in formulating a response.

Please send your response, either on disk or electronically, as well **as** in hard copy to Moe Gagnon, project officer for Georgia's Title XXI proposal. Mr. Gagnon's Internet address is ingamon@shcfa.gov. His mailing address is:

Center for Medicaid and State Operations
Health Care Financing Administration
Mail Stop S2-01-16
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Please also mail a copy to Mr. Gene Grasser, Associate Regional Administrator for the Division of Medicaid and State Operations, HCFA Region IV. Mr. Grassers's address is:

Health Care Financing Administration
Division of Medicaid and State Operations
Atlanta Federal Center, Fourth Floor
61 Forsyth Street, SW, Suite 4T20
Atlanta, GA **30303-8909**

We appreciate the efforts of your staff and share your goal of providing health care to low income, uninsured children through Title XXI. If you have questions or concerns regarding the matters raised in this letter, your staff may contact either Mr. Gagnon at (410) 786-0619 or Mr. Grasser at (404) 562-7401. They will provide or arrange for any technical assistance you may require in preparing your response. Your cooperation is greatly appreciated.

Sincerely,

Cindy ~~Mann~~
Director

cc: Atlanta Regional Office